



Attorney's Docket No.: 42390P6280

Patent

In re the Application of: Jeffrey L. Schiffer

(inventor(s))

Application No.: 09/235,062

Filed: January 20, 1999

For: METHOD AND APPARATUS FOR INTEGRATING AN INTENTIONAL RADIATOR  
IN A SYSTEM

(title)

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MAY 22 2003

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Technology Center 2600

SIR: Transmitted herewith is an Amendment for the above application.

- Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.  
 A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.  
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OTHER THAN A SMALL ENTITY
	Claims Remaining After Amd.		Highest No. Previously Paid For		Present Extra		Rate	Additional Fee
Total Claims	* 15	Minus	** 15				X9	\$
Indep. Claims	* 5	Minus	*** 5				X42	\$
<b>First Presentation of Multiple Dependent Claim(s)</b>								
							+140	\$
						Total Add. Fee	\$	

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

on 5/14/03.

Date of Deposit

Marti Becker

Name of Person Mailing Correspondence

Marti Becker

Signature

5/14/03

Date

A check in the amount of \$ \_\_\_\_\_ is attached for presentation of additional claim(s).  
Applicant(s) hereby Petition(s) for an Extension of Time of one (1) month(s) pursuant to  
37 C.F.R. § 1.136(a).

A check for \$ 110.00 is attached for processing fees under 37 C.F.R. § 1.17.  
Please charge my Deposit Account No. 02-2666 the amount of \$ \_\_\_\_\_.

**A duplicate copy of this sheet is enclosed.**

The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the  
following fees associated with this communication or credit any overpayment to Deposit Account  
No. 02-2666 (**a duplicate copy of this sheet is enclosed**):

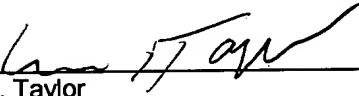
Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of  
extra claims.

Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 5/14/03

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Edwin H. Taylor

Reg. No. 25,129



## **FEE TRANSMITTAL FOR FY 2003**

**TOTAL AMOUNT OF PAYMENT (\$)** \$110.00

**Complete if Known:**

**Application No.** 09/235,062  
**Filing Date** January 20, 1999  
**First Named Inventor** Jeffrey L. Schiffer  
**Group Art Unit** 2681  
**Examiner Name** Miguel Green  
**Attorney Docket No.** 42390P6280

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**METHOD OF PAYMENT (check one)**

1. [ X ] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

**Deposit Account Number** 02-2666  
**Deposit Account Name** \_\_\_\_\_

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- Applicant claims small entity status. See 37 CFR 1.27.

- 2.** X **Payment Enclosed:** X **Check  
Money Order  
Other**

## **FEE CALCULATION**

**1. BASIC FILING FEE**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
		Utility application filing fee	_____
		Design application filing fee	_____
		Plant filing fee	_____
		Reissue filing fee	_____
		Provisional application filing fee	_____

**SUBTOTAL (1) \$** \_\_\_\_\_

**2. EXTRA CLAIM FEES**

<u>2. EXTRA CLAIM FEES</u>	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims _____	- 20** = _____	X _____	= _____
Independent Claims _____	- 3** = _____	X _____	= _____
Middle Dependant _____			

**Multiple Dependent**  
#Or number previously paid, if greater: For Reissues, see below.

**Or number previously paid, if greater, for Reissues, see below.			
<u>Large Entity</u>	<u>Small Entity</u>		
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1202	18	2202	9
			Claims in excess of 20
1201	84	2201	42
			Independent claims in excess of 3
1203	280	2203	140
			Multiple dependent claim, if not paid
1204	84	2204	42
			**Reissue independent claims over original patent
1205	18	2205	9
			**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) \$**

**FEE CALCULATION (continued)****RECEIVED**

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**3. ADDITIONAL FEES**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1814	110	2814	55
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,300	1454	1,300
Other fee (specify) _____			
Other fee (specify) _____			

**SUBTOTAL (3) \$ 110.00**

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**Typed or Printed Name: Edwin H. TaylorSignature: Edwin H. Taylor Date: 5/14/93Reg. Number: 25,129 Telephone Number: (408)